

COMMONWEALTH OF VIRGINIA  
Department of Health Professions  
1601 Rolling Hills Drive  
Richmond, Virginia 23229

DATE: \_\_\_\_\_  
TIME: \_\_\_\_\_  
MILEAGE: \_\_\_\_\_  
INSPECTION HOURS: \_\_\_\_\_

**Hospital Pharmacy Inspection Report**

Pharmacy Name: \_\_\_\_\_ Pharm. Permit No.: \_\_\_\_\_ Exp. Date: \_\_\_\_\_  
Address: \_\_\_\_\_  
Pharmacist-in-Charge: \_\_\_\_\_ Lic. No.: \_\_\_\_\_ Exp. Date: \_\_\_\_\_  
Licensed Pharmacists: \_\_\_\_\_ Lic. No.: \_\_\_\_\_ Exp. Date: \_\_\_\_\_  
\_\_\_\_\_ Lic. No.: \_\_\_\_\_ Exp. Date: \_\_\_\_\_  
\_\_\_\_\_ Lic. No.: \_\_\_\_\_ Exp. Date: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ Hours of Operation: \_\_\_\_\_

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PHARMACY FACILITY:	YES	NO	Safeguards Against Diversion of Drugs (cont.):	YES	NO
1. Required licenses properly displayed?	_____	_____	16. Drugs secured from unauthorized personnel and public?	_____	_____
<b>PHYSICAL STANDARDS FOR PHARMACIES:</b>			<b>SPECIAL SECURITY REQUIREMENTS:</b>		
2. Storage, compounding, and preparation area at least 240 square feet?	_____	_____	17. If the drug storage and dispensing area is closed while the remainder of the hospital remains open, is the device activated and operated separately from any other above system in the hospital?	_____	_____
3. Access to stock room, rest room and other areas separate from the dispensing area? (new pharmacies only)	_____	_____	a. Will the alarm device detect breaking in the dispensing area when it is closed?	_____	_____
4. Facility maintain temperature between 59°-86°F (Temperature _____)	_____	_____	b. Alarm system controlled only by the pharmacist and nursing supervisor?	_____	_____
5. Counter work space used only for compounding and dispensing and necessary record keeping?	_____	_____	<b>DISPENSING AREA ENCLOSURES:</b>		
6. Sink with hot and cold running water?	_____	_____	18. Enclosure protect the controlled drug stock from unauthorized entry?	_____	_____
<b>SANITARY CONDITIONS:</b>			19. Enclosure of sufficient height to prevent reaching over and gaining access to the drugs?	_____	_____
7. Pharmacy clean and sanitary?	_____	_____	20. Entrances to enclosed area have a door which extends from floor and is as high as adjacent counter?	_____	_____
<b>REQUIRED MINIMUM EQUIPMENT:</b>			21. Door have adequate locking device(s)?	_____	_____
8. Current copy of U.S.P. Dispensing Information?	_____	_____	a. Pharmacist in possession of any keys to locking device on door of enclosure?	_____	_____
9. Prescription balance sensitive to 15 mg?	_____	_____	b. Emergency key maintained in sealed envelope, signed by pharmacist and placed in safe or other secured place?	_____	_____
10. Refrigeration for storage of drugs requiring cold storage (36°-46°F) with monitoring thermometer maintained in dispensing area? (Temperature _____)	_____	_____	<b>DRUGS OUTSIDE DISPENSING AREA:</b>		
11. Current copy of Drug Control Act and Board Regulations?	_____	_____	22. Schedule II through VI drugs stored outside R department, secured, alarmed, and access restricted to pharmacist?	_____	_____
12. Current copy of Virginia Voluntary Formulary?	_____	_____	23. Prescriptions waiting for pick-up stored in secured place outside of R department?	_____	_____
13. Laminar flow hood, if engaged in compounding any sterile products?	_____	_____	<b>EXPIRED DRUGS:</b>		
<b>SAFEGUARDS AGAINST DIVERSION OF DRUGS:</b>			24. Separated from stock used for dispensing and maintained in a designated area with unexpired drugs?	_____	_____
14. Pharmacy locked in absence of a pharmacist prior to and after routine hours of operation?	_____	_____			
15. Sound, microwave, photoelectric, ultrasonic, or other generally accepted alarm device installed in each drug storage and dispensing area?	_____	_____			
a. Device maintained in operating order?	_____	_____			
b. Device fully protects immediate drug storage and compounding area?	_____	_____			
c. Device has auxiliary power source?	_____	_____			

**LABELING DRUGS:**

25. Floor Stock drugs labeled as follows:

- a. name and strength of drug? \_\_\_\_\_
- b. assigned lot number or expiration date, if applicable? \_\_\_\_\_

26. Individual patient orders labeled as follows:

- a. name and strength of drug? \_\_\_\_\_
- b. name and location of patient? \_\_\_\_\_

**AFTER-HOURS ACCESS TO PHARMACY BY SUPERVISORY NURSE:**

27. Drugs available in original container or units prepared by pharmacist? \_\_\_\_\_

28. Record of withdrawal maintained in Pharmacy for one year? \_\_\_\_\_

a. Record contain:

- (1) date of withdrawal? \_\_\_\_\_
- (2) patient name? \_\_\_\_\_
- (3) drug name, strength, dosage form, and dose prescribed? \_\_\_\_\_
- (4) number of doses removed? \_\_\_\_\_
- (5) signature of authorized nurse? \_\_\_\_\_

**DRUG INVENTORY AND RECORDS:**

29. Inventories and records of Schedule II drugs separate from all other records? \_\_\_\_\_

30. Inventories and records of Schedule III through V drugs maintained separately or with records of Schedule VI drugs? \_\_\_\_\_

31. Schedule II through V drug records maintained at pharmacy as stock of drugs to which records pertain for two years? \_\_\_\_\_

32. Receipt of Schedule II-V drugs dated with actual date of receipt? \_\_\_\_\_

33. Required inventories of Schedule II through V drugs:

a. Biennial inventory. \_\_\_\_\_

(1) Inventory date: \_\_\_\_\_

(2) Opening of business: \_\_\_\_\_

(3) Close of business: \_\_\_\_\_

b. If applicable:

(1) Change of Pharmacist-in-Charge Inventory: \_\_\_\_\_

(i) Inventory Date: \_\_\_\_\_

(ii) Business Opening: \_\_\_\_\_

(iii) Business Closing: \_\_\_\_\_

**DISTRIBUTION RECORDS:**

34. Floor-stock Drugs:

- a. Delivery receipts maintained for floor stocked Schedule II through V drugs? \_\_\_\_\_
- b. Record maintained to document the disposition/administration of Schedule II through V drugs? \_\_\_\_\_
- c. Record returned to pharmacy within three months of its issue? \_\_\_\_\_
- d. Does Pharmacist-in-charge or designee:
- (1) match records with delivery receipts? \_\_\_\_\_

**YES NO****Distribution Records (cont.):****YES NO**

(2) audit returned records for completeness? \_\_\_\_\_

(3) initial or sign returned record? \_\_\_\_\_

(4) maintain record for two years? \_\_\_\_\_

35. A maximum seven-day supply dispensed? \_\_\_\_\_

36. Drugs labeled with name, strength, lot number, and expiration date when indicated? \_\_\_\_\_

37. Patient's individual drawer or tray labeled with name and location? \_\_\_\_\_

38. Maximum back-up dose of one unit? \_\_\_\_\_

39. Record maintained for one year showing:

a. Date of filling of drug cart? \_\_\_\_\_

b. Location of drug cart? \_\_\_\_\_

c. Initials of person filling cart? \_\_\_\_\_

d. Initials of pharmacists checking drug cart? \_\_\_\_\_

40. Record of dispensing recorded on profile record or medication card at time of dispensing? \_\_\_\_\_

41. Profile record or medication card containing Schedule II through V drugs maintained for two years? \_\_\_\_\_

42. Other Dispensing System:

a. Record of dispensing Schedule II through V drugs made at the time of dispensing? \_\_\_\_\_

b. Records containing Schedule II through V drugs maintained for two years? \_\_\_\_\_

**PHARMACY REPACKAGING OF DRUGS:**

43. Control records maintained one year or until expiration date of drug? \_\_\_\_\_

44. Record includes:

a. Name of drug(s) repackaged? \_\_\_\_\_

b. Strength of drug? \_\_\_\_\_

c. Quantity of drug per unit? \_\_\_\_\_

d. Quantity of units packaged? \_\_\_\_\_

e. Initials of supervising pharmacist? \_\_\_\_\_

f. Manufacturer's or distributor's name? \_\_\_\_\_

g. Control number or assigned number? \_\_\_\_\_

h. Expiration date? \_\_\_\_\_

45. Repackaged drugs labeled as follows:

a. Name and strength of drug? \_\_\_\_\_

b. Manufacturer's or distributor's name and control or assigned number? \_\_\_\_\_

c. Proper expiration date? \_\_\_\_\_

**EMERGENCY ROOM:**

46. Dispensing drugs performed by a physician? \_\_\_\_\_

47. Records maintained on all drugs administered? \_\_\_\_\_

48. Separate records maintained on all drugs administered? \_\_\_\_\_

a. Date dispensed? \_\_\_\_\_

**Emergency Room (cont.):****YES NO**

- b. Patient's name? \_\_\_\_\_
- c. Physician's name? \_\_\_\_\_
- d. Name, strength, dosage, and quantity of drug dispensed? \_\_\_\_\_

**MECHANICAL DEVICES FOR DISPENSING DRUGS:**

49. Use of mechanical devices under the personal supervision of a pharmacist, which includes:
- a. Packaging and labeling drugs to be placed in device? \_\_\_\_\_
- b. Placing previously packaged and labeled drugs in the device? \_\_\_\_\_
- c. Removing drugs from device and final labeling of such drugs after removal? \_\_\_\_\_

**CERTIFIED EMERGENCY MEDICAL TECHNICIAN PROGRAM:**

50. Drug kit sealed to prevent any loss of drugs? \_\_\_\_\_
51. Drugs administered by a technician reduced to writing and signed by the physician? \_\_\_\_\_
52. Completed records for drugs administered accompany open kit when exchanged? \_\_\_\_\_

**OUT-PATIENT PRESCRIPTIONS:**

53. Schedule II prescriptions maintained in a separate file? \_\_\_\_\_
54. Schedule III through V prescriptions maintained in a separate file or stamped with a red "C" and filed with Schedule VI prescriptions? \_\_\_\_\_
55. Schedule II prescriptions include:
- a. Patient's address? \_\_\_\_\_
- b. Practitioner's address? \_\_\_\_\_
- c. Date? \_\_\_\_\_
- d. Initialed by pharmacist? \_\_\_\_\_
- e. Practitioner's DEA Number? \_\_\_\_\_

**Out-Patient Prescriptions (cont.):****YES NO**

56. Schedule III through V prescriptions include:
- a. Patient's address? \_\_\_\_\_
- b. Practitioner's address? \_\_\_\_\_
- c. Date? \_\_\_\_\_
- d. Initialed by pharmacist? \_\_\_\_\_
- e. Stamped with a red "C"? (only Schedule III-V) \_\_\_\_\_
- f. Schedule III through V prescriptions not refilled more than five times? \_\_\_\_\_
- g. Schedule III through V prescriptions not refilled after six months? \_\_\_\_\_
- h. Refills dated and initialed by pharmacist on back of prescription? \_\_\_\_\_
- i. Schedule VI prescriptions not refilled after two years? \_\_\_\_\_

**DISPENSING OF SCHEDULE V DRUGS WITHOUT R:**

57. Dispensed directly to person requesting preparation? \_\_\_\_\_
58. Record of dispensing include:
- a. Date of dispensing? \_\_\_\_\_
- b. Name and quantity of drug dispensed? \_\_\_\_\_
- c. Name and address of person to whom drug was dispensed? \_\_\_\_\_
- d. Initials of pharmacist dispensing drug? \_\_\_\_\_

**DISPENSING CONTROLLED PARAPHERNALIA:**

59. Dispensed by Pharmacist? \_\_\_\_\_
60. Record of dispensing include:
- a. Date of dispensing? \_\_\_\_\_
- b. Name and quantity of device, items, or substance? \_\_\_\_\_
- c. Price sold? \_\_\_\_\_
- d. Name and address to whom device, item, or substance was sold? \_\_\_\_\_
- e. Reason for purchase? \_\_\_\_\_
- f. Initials of pharmacist dispensing device, item, or substance? \_\_\_\_\_

**ACTION TAKEN:**

- (1) \_\_\_\_\_ New Inspection
- (2) \_\_\_\_\_ Routine Inspection
- (3) \_\_\_\_\_ Reinspection
- (4) \_\_\_\_\_ Drug Destruction
- (5) \_\_\_\_\_ Drug Audit
- (6) \_\_\_\_\_ Other \_\_\_\_\_  
(Specify)

**ACKNOWLEDGEMENT:**

This facility has been inspected by an inspector of the Department of Health Professions. The results of the inspection have been noted. I acknowledge that the noted conditions that have been deemed by the inspector as not being in compliance have been explained to me and that I have received a copy of this inspection report.

\_\_\_\_\_  
Inspector (Dept. of Health Professions)\_\_\_\_\_  
Pharmacist on Duty\_\_\_\_\_  
Date\_\_\_\_\_  
Time of Exit\_\_\_\_\_  
Title of Authorized Individual

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Address: \_\_\_\_\_

## This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

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**Pharmacist on Duty**

**Title of Authorized Individual**

[illegible]

WHITE (ORIGINAL)-TO INSPECTION UNIT    YELLOW-TO PERMIT HOLDER    GREEN-TO INSPECTION UNIT    PINK-INSPECTOR